MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**   Primary Registration District No. **1003**   Registrar's No. **4646**

STATE FILE NUMBER **62-017052**

FILED MAY 10 1962

DO NOT WRITE ON THIS STUB   **AMENDED**

VS 300 Rev. 4/59

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74.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS   INSTEAD OF   SHOULD READ   ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only)   **St. Louis**
Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location)   **St. John's Hospital**
Inside Limits   Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.**   b. COUNTY
c. CITY OR TOWN **St. Louis**   Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) **3817 Wilmington Ave.**   Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)
First **GEORGE**   Middle **W.**   Last **MARSALEK**

4. DATE OF DEATH   Month **May**   Day **5**   Year **1962**

5. SEX Male   **6. COLOR OR RACE** White   **7.** Married ☒ Never Married ☐ Widowed ☐ Divorced ☐   **8. DATE OF BIRTH** 2-22-1884   **9. AGE (last birthday)** 78   IF UNDER 1 YEAR Months / Days   IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Manager of Bookkeeping Dep'T.(Retired)
10b. KIND OF BUSINESS OR INDUSTRY Graham Paper Co.
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Marsalek
13b. MOTHER'S MAIDEN NAME Anna Panuska
14. NAME OF HUSBAND OR WIFE Laura Vogel Marsalek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No   (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT Laura Vogel Marsalek 3817 Wilmington Ave.   Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) _Acute Myocardial Decompensation_

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _Acute Bacterial Endocarditis_   1 WEEK
DUE TO (c) _Old Healed Rheumatic Endocarditis_   ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Broncho-Pneumonia   414x

PART III. If deceased was female was there a pregnancy in last 90 days?   ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.   Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION   COUNTY   STATE

21. I attended the deceased from _April 9, 1962_ to _May 5, 1962_ and last saw him alive on _May 4, 196~_
Death occurred at _4:00 A._ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) _Joseph R~ Maeler MD_
22b. ADDRESS 634 N. Grand
22c. DATE SIGNED 5/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE May 8, 1962
23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
23d. LOCATION (City, town, or county) St. Louis Co. Mo.   (State)

24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway Blvd.
25. DATE RECD. BY LOCAL REG. MAY 7 1962
26. REGISTRAR'S SIGNATURE _Carl Smith M.D._

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed___*James R Dunn*_____
Signature of Student Embalmer

Licensed Embalmer No._452-7____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.